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APPLICANTS

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**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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| Foreign Priority claimed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 35 USC 119(a-d) conditions met | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | STATE OR COUNTRY | SHEETS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| Verified and Acknowledged | /HWA S LEE/ Examiner's Signature | Initials | | NETHERLANDS | 2 | 9 | 3 |

ADDRESS

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TITLE

Optical coherence tomography

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